

TEXAS HISTORICAL COMMISSION

Texas Historic Preservation Tax Credit Application Part B: Description of Rehabilitation

Read instructions carefully before completing application. No certification will be made unless a completed, signed application form has been received.
Type or print clearly in black ink. Signatures must be original. If additional space is needed, attach blank sheets. 12/2014

State Project ID:

THPTC - - -

☐ State Only

☐ State and Federal

Federal Project ID:

THC - - -

Property Name: _____

Property Address: _____
Street City County Zip Code

Part A – Evaluation of Significance submitted? ☐ Y ☐ N Date submitted _____ Date of certification _____

Historic District name _____ ☐ Not in district Subject to Local Review by CLG? ☐ Y ☐ N

Applicant (if different from owner listed below)				Project Contact		
Name				Name		
Company				Company		
Address				Address		
City	State	Zip		City	State	Zip
Telephone	Email			Telephone	Email	
Property Owner 1				Property Owner 2 (list additional owners on separate page)		
Name				Name		
Company				Company		
Address				Address		
City	State	Zip		City	State	Zip
Telephone	Email			Telephone	Email	

Project Information		
Number of buildings on site / involved in project:	# on site _____	# in project _____
Estimated total / qualified costs of project:	Total \$ _____	Qualified \$ _____
Estimated start / completion dates of project:	Start date _____	Completion _____
Property use before / after rehabilitation:	Before _____	After _____
Check all that apply: <input type="checkbox"/> Non-residential real property (e.g. restaurant, retail, warehouse, or office used by a taxable entity) <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Residential rental property <input type="checkbox"/> Tax exempt use property </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Owner-occupied <input type="checkbox"/> Leased (Term of lease: _____) </div>		
Property value before / after rehabilitation (est.):	Before _____	After (est.) _____
Floor area before / after rehabilitation (est.):	Before _____ sqft	After _____ sqft
Number of housing units before / after rehabilitation:	Before _____	After _____
Architecture firms, developers, and/or construction companies to be involved in project (optional):		

Applicant Agreement

I hereby swear or affirm, under penalty of perjury, that the information which has been provided in this application is, to the best of my knowledge, true, correct, and complete. I further swear or affirm that I am the owner or have the authority to act on behalf of the owner(s) of the above-described property (within the meaning of *owner* set forth in Title 13, section 13.1 of the Texas Administrative Code). If I am not the owner of this property, the owner(s) is/are aware of the action I am taking relative to this application, has no objection, and has signed below to affirm the same.

Applicant Signature_____
Applicant Name_____
Date_____
Owner Signature_____
Owner Name_____
Date**THC Official Use Only**

- ☐ Application fee received

The Texas Historical Commission has reviewed the Historic Preservation Tax Credit Application – Part B for the above-named property and has determined that:

- ☐ The proposed rehabilitation described herein is consistent with the character of the property and, where applicable, with the district in which it is located and that the project meets the Secretary of the Interior's *Standards for Rehabilitation*. This letter is a preliminary determination only, since a formal certification of rehabilitation can be issued to the owner(s) of a certified historic structure only after rehabilitation work is complete and found to conform to the description provided in this application.
- ☐ The proposed rehabilitation will meet the Secretary of the Interior's *Standards for Rehabilitation* if the attached conditions are met.
- ☐ The proposed rehabilitation is not consistent with the historic character of the property or the district in which it is located, and that the project does not meet the Secretary of the Interior's *Standards for Rehabilitation*.
- ☐ There is not enough information to determine whether the proposed rehabilitation will meet the Secretary of the Interior's *Standards for Rehabilitation*.
- ☐ The project (or portions thereof) does not appear to meet the program's eligibility requirements.

Texas Historical Commission Authorized Signature_____
Date

Detailed Description of Rehabilitation Work

Use this page to describe all work or create a comparable format with this information. Number items consecutively and thoroughly describe all work, including building exterior and interior, additions, site work, landscaping, and new construction.
Also specify the dates that work on that feature was, or is anticipated to be, started and completed.

Number _____	Feature _____	Construction date of feature _____	
Describe existing feature and condition:			
Photo numbers:	Drawing numbers:	Date work started:	Date work completed:
Describe work and impact on feature:			
Number _____	Feature _____	Construction date of feature _____	
Describe existing feature and condition:			
Photo numbers:	Drawing numbers:	Date work started:	Date work completed:
Describe work and impact on feature:			